Payroll Stipend Form

Whitman College

Date:

To: Payroll

Prepared by:

Date: _____

Request by:

Date: _____

Name to Pay:

Faculty

Whitman ID:

Staff

Instructions: Enter Salary (amount to be paid) and the OPE Rate (Full OPE is 36%) and the form will calculate the OPE and total Salary to Pay for the Payroll Office. Change OPE Rate for Staff as needed.

G / L Number	Project Name	Salary	OPE* Rate	OPE Amount	Salary to Pay	Payroll Month YR

Description or Optional Information

*be sure to enter the correct rate

This is a stipend and the payroll notice is submitted to the Payroll Manager in the Office of Accounting & Business Services Annex - Due by the 15th of the month.

_____   _____   _____
Date   **Date**   **Date**